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Date: May 12, 2004

FACSIMILE COVER LETTER

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To: Examiner N. Nguyen
Group Art Unit 1754, USPTO

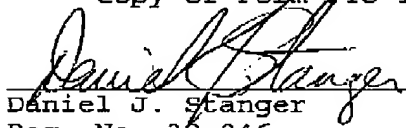
From: Mr. Daniel J. Stanger
MATTINGLY, STANGER & MALUR, P.C.

Re: USSN 09/651,783
Attorney Docket No.: NIP-198

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

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Daniel J. Stanger
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5/12/2004
Date

Total Number of Pages (including cover sheet): 15

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FORM PTO-1083

PATENT

Case Docket No. NIP-198

In RE application of S. KANNO et al

Serial No.: 09/651,783

Group Art Unit: 1754

Filed: August 30, 2000

Examiner: N. Nguyen

For: APPARATUS FOR TREATING PERFLUOROCOMPOUND GAS

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For	Percent Extra
Total	8	Minus	20	0
Indep.	4	Minus	8	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims				

SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

* If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
 ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
 *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.

☐ A check in the amount of \$ _____ is attached in payment of:

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: May 12, 2004

By:

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